

High School:

City of Morgan Hill Employment Application

City of Morgan Hill Human Resources Office, 17555 Peak Avenue, Morgan Hill, CA 95037 Office: 408.779.7278 Job Hotline: 408.779.7276 Fax: 408.779.0183TDD: 408.776.7381 http://www.morgan-hill.ca.gov

Instructions to Applicants:

- 1. A separate application is required for each position for which you apply.
- 2. Type or print in ink. Incomplete or illegible applications *will not* be considered.
- 3. Inform the Human Resources Office of any change of address; otherwise you may lose your opportunity for employment.
- 4. Materials submitted with the application *will not* be returned.
- 5. The application **MUST** be completed. A resume *will not* be accepted instead of the completed application.
- 6. Applicants with disabilities: If you need assistance in the application process, please contact the Human Resources Office as soon as possible.

For Office Use Only	
Date Received:	
By:	

GED

Position Applyin	g For:								
Full Name:		Social Security Number:							
	Last	First	Midd	lle			-		
Mailing Address	:								
	Street		City		St	ate		Zip Code	
Day Phone: ()		Evening	Phone: ()_				
			, can you submit a or date of birth?						
Driver's License	Number:		State:			Expiration Date:			
Languages you s	peak fluently othe	er than English:	rk permanently in						
			ns. "Yes" ans						
Have you ever		any offense other	than a driving vio			YES	NO	COMMEN	ΓS
drugs OR has yo		ever been suspend	lriving under the in led or revoked? If y						
Were you ever	discharged from e	mployment or for	ced to resign? If y	es, explain.					
			e City of Morgan l of Morgan Hill?						
EDUCATION									
College/Univers	vity Date G	raduated Degr	ree Received	Major Subje	ects			Sem. Units	Otr Unite

Did you graduate?

Yes

No

JOB RELATED TRAINING

Describe any job-related skills, knowledge, special training, certificates or licenses you possess. (Attach additional sheets if needed)

WORK EXPERIENCE

change in title or pron	employment or related volunteer work fination separately. If you need additional information required in this section.				
From: mo./yr.	Employer	Title of Your Presen	Number You Supervised		
To: mo./yr.	Address		Name of Supervisor	and Phone Number	
Total Time Hours per week	Duties				
Final Salary	Reason for Leaving				
	·				
From: mo./yr.	Employer	Title of Your Positio	n	Number You Supervised	
To: mo./yr.	Address		Name of Supervisor	r and Phone Number	
Total Time	Duties				
Hours per week					
Final Salary	Reason for Leaving				
From: mo./yr.	Employer	Title of Your Position		Number You Supervised	
To: mo./yr.	Address		Name of Supervisor and Phone Number		
Total Time	Duties				
Hours per week					
Final Salary	Reason for Leaving			was and complete to the heat	
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CERTIFICATE OF APPLICANT: I certify that the information contained in this application for employment is true and complete to the best of my knowledge. I understand that any misrepresentation or deliberate omission of a material fact in my application may disqualify me from the application process or terminate my employment. I agree to undergo a physical examination by a City physician, including drug testing, if offered employment. I further agree to furnish proof of age, education, and legal right to work in this country if required as a condition of employment. I authorize the employers, schools or persons named in my application documents to give any additional information regarding my qualifications and character, and release them from any liability for any damages whatsoever for issuing this information to the extent permitted by law.

Signature (Required) Date